Parking Clerk Office of the Treasurer/Collector 34 Broadway Rockport MA, 01966



Town of Rockport PARKING TICKET WRITTEN APPEAL <u>or</u> REQUEST FOR HEARING

Massachuse2s General Law allows individuals to challenge the issuance of parking 2ckets. You may <u>either</u> submit an appeal in wri2ng and receive a determina2 on <u>or</u> you may request a formal hearing. The decision made for the wri2 en appeal as well as the hearing is final. You may not request a hearing a2er you have selected a wri2en appeal.

I hereby Request a Hearing in Person for viola回on number,	
Received on	(you will be contacted with the date and ☐me of hearing)
I hereby submit a Wri2 en Appeal for viola 2 on numbe	er,
received on	
NAME:	
ADDRESS:	
CITY: STATE:	Zip:
TELEPHONE NUMBER:	REGISTRATION #:
EMAIL ADDRESS:	
REASON: Be as specific as possible. Provide all documenta®on. (photos, maps, credit card receipt if payment issue, etc)	
	
SIGNATURE:	DATF:

- Use of this form is not required by law. A leler may be submiled instead as long as it includes ALL of the above informallon.
- Before mailing, please confirm that your ②cket is within **21 DAYS** of the issue date. Anything received a②er the 21 days is considered late and may be denied. Please include a copy of the viola②on.